

Knowledge, Attitudes, and Behaviors of Men who
have sex with Men, and Lesbians with Respect to
HIV/AIDS in Greater Accra/Eastern
Regions of Ghana

Prepared for

Ghana AIDS Commission

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Acronyms and Abbreviations

FHI	Family Health International
IDU	Injecting Drug Use
PAHO	Pan American Health Organization
MSM	Men who have Sex with Men
UNAIDS	United Nations AIDS Program
USAIDS	United States Agency for International Development
WAPCAS	West Africa Project to Combat AIDS & STI
WHO	World Health Organization

Executive Summary

Same-sex-sex has always been practiced in human society but shrouded in secrecy for fear of condemnation and guilt. Because homosexuals engage in risky sexual behaviors and are at a high risk of contracting HIV and other STIs, governments and health officials of countries are increasingly paying attention to their sexual health needs. This study was conducted to provide preliminary information that will enable the design of effective communication strategies to help homosexuals in Ghana protect themselves against HIV. The study is also geared towards providing information that will enable the design of programs to meet the specific health needs of homosexuals.

The study employed both qualitative and quantitative methods in the data collection. We used snowball techniques to sample 105 MSM and 83 lesbians in greater Accra and eastern region. The study conducted qualitative interviews of 12 homosexuals, nine during the survey data collection, and three during data analysis to fill in gaps in the survey findings. Theories of the causes of homosexual behavior were described and translated into a framework that enables us to understand the process of getting involved in same-sex sexual activity and dynamics.

Key Findings

1. The two most common sources of general information, for homosexuals are the Radio and TV. Talk shows are the most favorite program for them on radio, and drama and movies are two most favored on TV.
2. Radio is the most common source of HIV/AIDS information for MSM, and TV is the most common for lesbians.
3. While friends are common source of information about HIV/AIDS for homosexuals, they are the single most important source of information on same-sex-sex.
4. Most homosexuals know that HIV can be transmitted through sexual intercourse but lack knowledge on other modes of transmission, and have low knowledge about ways to avoid the disease. Findings indicate obvious gaps in knowledge that needs to be addressed.
5. Many homosexuals are initiated at young age, and many especially MSM have multiple sexual partners.
6. The majority of homosexuals know that HIV/AIDS is real but only a few know someone who died of the disease.
7. Although risk perception about HIV/AIDS is high, this did not translate to high condom use self-efficacy. Also, condom use in last sex with non-regular partner is not as high as it should be for MSM and is low for lesbians.

8. Discussion about HIV/AIDS is low, and attitudes towards AIDS victims are mixed. While the majority would care for a victim of the disease, only a few would live with them at home, and the majority would like to keep death of a family from the disease secret.
9. MSM have peculiar health needs but do not have access to professional care giver and medical facilities. They often resort to self-medication obtained from chemist shop or use local herbs.
10. Homosexuals especially MSM get rewarded for same-sex-sex in the form of money, food, and other gifts. Some MSM reported prostituting because of the attraction of the lucrative payment from clients.

Conclusions and Recommendations

Based on the findings from this study, communication strategies targeting homosexuals should provide general information about HIV/AIDS on TV during drama and movies, and on radios during talk shows. This strategy will be effective in reaching the majority of homosexuals who are likely to be tuned in and the general population as well. In addition, information specific to homosexuals should be provided through interpersonal communication (peer outreach) using brochures, and pamphlets etc. Most outreach program should be channeled through this medium because it has proved to be the most effect way of reaching homosexuals. Communication strategies should be integrated with key youth development programs that is geared to empower vulnerable youths, and equip them with skills necessary to gain employment, economic independence, and right of place in society. Part of the integrated program should include series of workshops for selected health officials and journalists separately. While the ones for health officials should focus on desensitization on homosexuals issues, those for journalists should focus on how to de-sensationalize health information.

1. Introduction

Homosexual acts exist everywhere but in many societies, such behaviors are often denied and shrouded in secrecy (1). In countries with good surveillance and data collection systems on information about HIV/AIDS, statistics show that homosexuals are a high-risk group. In Mexico between 1983 and 2001, reported AIDS cases were tracked according to known exposure category. Homosexual/bisexuals accounted for 56% of reported AIDS cases, heterosexual 32%, and other category (including blood transfusion, injecting drug use) 12% (2). Similar statistics are reported for all countries in North America combined (Bermuda, Canada, United States, and the Virgin Islands). Between 1979 and 2001, 50% of total cumulative AIDS cases were homosexual/bisexuals, 34% injecting drug users (IDU), 13% heterosexuals, and others 3% (2). In 2003, statistics for the United States of America are consistent with that of the entire region. The predominant mode of HIV transmission was homosexual/bisexual acts (48%, among only men it was 58%), IDU 33%, heterosexual 13% and others 6% (3). Likewise, the 2002 statistics for the United Kingdom and Ireland combined showed that homosexuals/bisexuals are a high-risk group. Sixty-three percents of all AIDS cases were homosexuals/bisexuals (for only men it was 75%), 21% heterosexuals, IDU 8%, and others 8% (4).

Although current estimate of HIV prevalence of 3% in Ghana is fairly low and stable compared to other countries in the region (5), a breakdown by surveillance locations and sub-groups show high prevalence among female sex workers and STI patients. In 1998 HIV medium prevalence estimates was 2.2% among urban pregnant women, but was an average of 50% among sex workers in the same area (over 70% in Accra, and Tema) (6). Median estimates of HIV prevalence among male STI patients in major urban areas across the country increased from 9.6% in 1996 to 39% in 1999 (6). It is possible that some of the men who came for STI treatments during the period were MSM.

Until recently, we did not have any empirical evidence on the existence of homosexuals in West Africa talk less of understanding their health needs. The well publicized Population Council study on MSM in Senegal pioneered studies on this in the sub-region. The study confirmed anecdotal evidence that same-sex sexual activity is practiced in Senegal and that those involved have similar health risks as their counterparts in other parts of the world. MSM in Senegal engage in risky unprotected sexual behavior, have a history of STI and are at high risk of contracting HIV (7). In Ghana, similar study assessing the situation of MSM in Accra was recently released by WAPCAS. This study confirms that same-sex-sex is practiced in Accra. The study reported that MSM have poor knowledge about other STIs except HIV/AIDS and gonorrhea, and they erroneously believe that anal sex is safer than vaginal sex. The study found high level of promiscuity among MSM, describe their peculiar health needs, and the lack of access to health facilities (8).

Our study adds to this recent body of knowledge provided by WAPCAS by expanding the scope of investigation to include MSM and lesbians in greater Accra and the eastern region. Aside corroborating some of WAPCAS key findings, we add value to the body of

knowledge by providing insights on the sources of general information, HIV/AIDS information, and same-sex-sex information for MSM and Lesbians that will be useful for designing effective behavior change communication strategies. We applied relevant theories of the causes of homosexuality to understand its probable causes and dynamics in Ghana. And we outlined gaps in information and areas where further research will be most valuable.

2. Objectives of Study

The two main objectives of this study are:

1. To break through the shield of silence that envelops the homosexual and physically challenged community in order to elicit pertinent information towards the formulation of an effective communication strategy.
2. To ascertain the information and psychological needs of the target group for the subsequent development of appropriate communication programs for preventing the spread of HIV/AIDS

3. Environmental Conditions

In Ghana as elsewhere in the region, societal response to homosexual behavior is rooted deep in religious and traditional beliefs. The degrees to which societal attitudes to homosexuality stem from religion or traditional beliefs may be discern from the statistics on religious allegiances. According to the Ghana demographic and health survey (9) report of 1998, the majority of respondents reported that they were Christians (men, 73%; women 78%), Muslims (men, 12%; women 11%), and Traditionalists (men, 5%; women, 4%). Only about 10% of men and 6% of women reported that they had no religion. If national figures are similar these, then close to 90% of Ghanaians may be religious.

Christianity condemns same-sex-sex (especially sodomy) as an abomination and a sin against God. The Christian adherents proclaim that the human body is the temple of God and sexual activities should only be between a man and a woman in marital union. Likewise Islam condemns homosexual behavior as sinful and punishable by God. The Christians and the Muslims have common grounds on the issue. Anecdotal evidence shows that most traditional beliefs irrespective of ethnic group view see same-sex-sex as a negative behavior. Traditionalists believe that the behavior is a manifestation of evil spirits, or a curse and punishment from the gods.

Base on the above, it is no surprise that the laws of the country condemn homosexual behaviors. It is a crime under the Ghana Criminal Code of 1960 (Act 29). The law finds the behavior offensive under the general umbrella phrase “sexual intercourse in an unnatural manner” (cited in WAPCAS study). Many individuals suspected to be homosexuals have been jailed under this law.

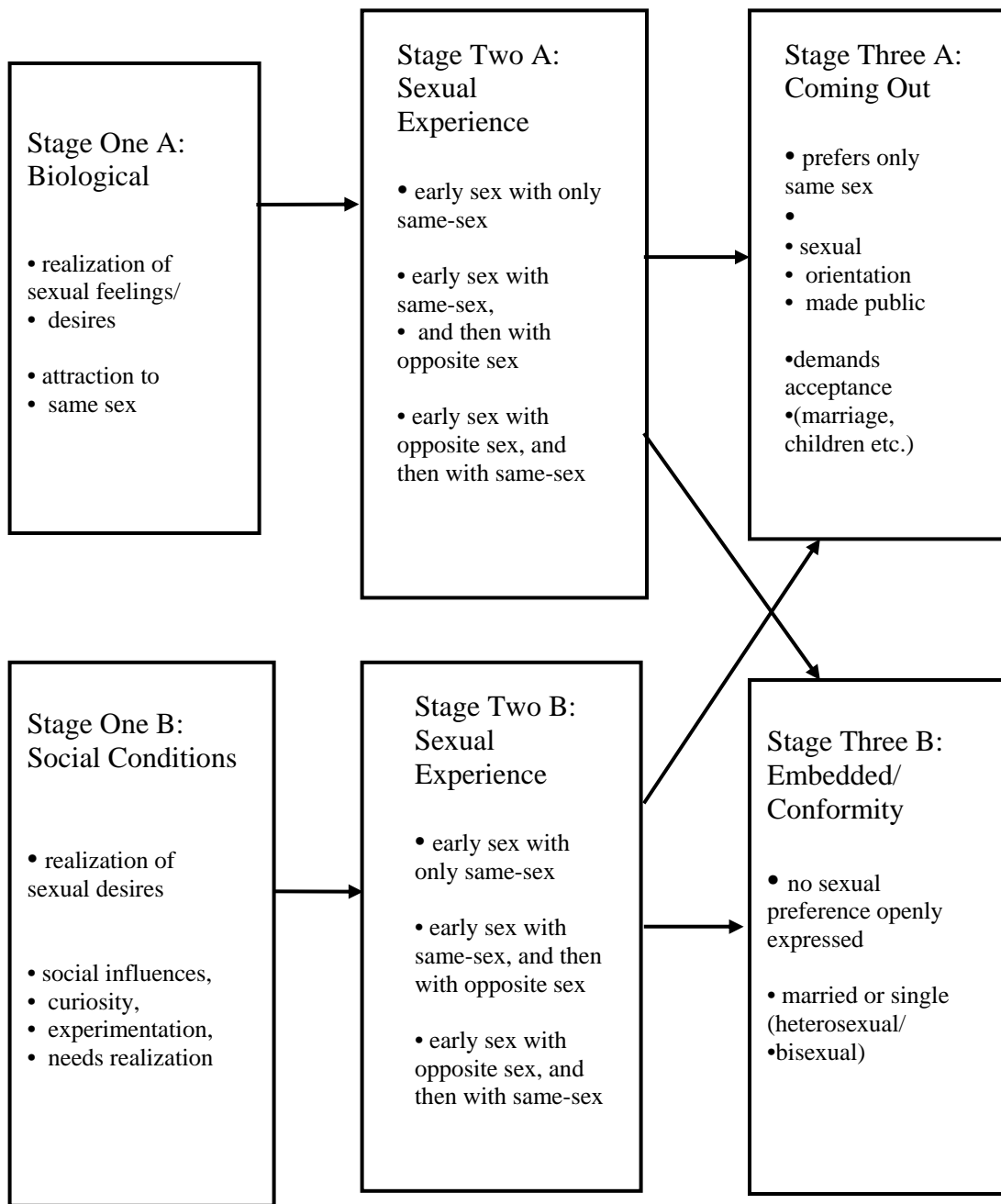
The social and political environment described above are certainly not conducive for homosexual behaviors. It explains why discussions about homosexual relationships, and those who are involved are go underground as part of a coping strategy to respond to societal disdain and reprobation.

4. General Nature of Homosexuals

In societies where homosexuality is a taboo or crime attracting strong hostility, condemnation and stigma, those who practice same-sex-sex have developed coping strategies (10). One of the main coping strategies that they have is invisibility. In order to be invisible, they learn to compartmentalize and role-play their sexual experiences as separate from other activities and behaviors in their everyday lives (11). They compartmentalize by learning to express sexual desires and activities only at places where people of the same thinking or like minds are present. And they change behavior completely, sometimes full circle, in a different environment.

In order to compartmentalize effectively, they role-play in a distinctive fashion. This distinctive role-playing is clearly observable among passive MSM who play the queen (feminine personality) to attract the king (masculine personality) for sexual acts. Role-play is sometimes expressed verbally (using coded terms), by actions and gesticulations, and in appearance or a combination of all. In an environment or public places where a homosexual is not sure of the acceptance of the people around, expressions suggesting his role is shown in a subtle fashion either to attract a prospective mate or to confirm the presence of someone with a like mind or sexual interests. The importance of role-plays in the sexual lives of homosexuals cannot be over emphasized (11). That is why role-play training is important at the initiation stage when the person being initiated is expected to master the behavior of a gender especially the opposite sex or learn both roles.

Figure 1: Theoretical Framework



5. Framework: Same-Sex Sexual Initiation and Dynamics

Current theories on the genesis of homosexuality informed the stages of sexual experience in the framework in Figure 1. The theories on homosexuality may be grouped into three: psychiatric, genetic (sociobiological), and neurohormonal. The psychiatric theories explain causes of homosexuality from family and environment factors. Psychiatric explanations range from pre-oedipal conflicts that were unresolved at childhood, parental attitudes on individual child roles, to reactions to an overprotective mother, an absentee father, or it may be triggered by sexual relationship with one's own sex that was very satisfying (12). Genetic theories explain the genetic mechanisms through which homosexuality may be transmitted, and the environmental conditions that favor its manifestation during the development and growth of the individual (13). Neurohormonal theories argue that the complex combinations of genetic, neurological, hormonal, and environmental factors work to determine a person's sexual orientation prior to birth (14). It is pertinent to say that none of these theories is conclusive or provides clear understanding of the determinants of homosexuality or heterosexuality. Our framework draws from these theories in explaining the conditions and dynamics of homosexual experiences in Ghana.

The first hypothesis underlying the framework in Figure 1 is that the proportions of individuals who are at stage three (A or B), depends on the proportions who started at stage one (A or B). For example if the proportion of individuals who had homosexual feelings in stage one A was (30%), vs. B (70%), the proportions who eventually get to stage three (A or B) should be proportioned similarly. The second hypothesis works in conjunction with the first. It states that the timing and sequence of early sexual experiences (in terms of age) may have long lasting impressions on the psycho social conditioning of the individual's mind towards either reinforcing or diffusing their sexual orientation. Figure 1 stage one A is the box on biological conditions which draws largely from a combination of genetic, neurological, and hormonal factors, while stage one B on social conditions draws from environmental factors including poverty, curiosity, and the desire to experiment new things.

Persons who were biologically conditioned at their early stages of growth are more likely to feel attracted to same sex, and actualize their feelings in stage two B in three ways. Some may have all early sexual experiences with same sex. Another group may have early sexual experiences first with same sex, and then with opposite sex. And others may have early sexual experiences first with opposite sex, and then with same sex. Persons at this stage may move on to stage three A where they have fully formed their homosexual orientation and are able to come out publicly to demand acceptance and rights to marriage, child adoption and social security benefits etc. Or they may cross from stage two A to stage three B where they practice same-sex-sex in secrecy or become bisexual.

Stage one B, represents individuals introduced to homosexuality by social conditions. Individuals in this group are likely to transition to stage two B with sequence of sexual experience similar to that of stage two A. The dynamics of sexual experiences at this stage may produce two groups, one moving on to stage three A, and the other moving to

stage three B where they conform to societal norms i.e. become overtly heterosexual, get married and have children or they may become bisexual secretly having same-sex-sex.

The dynamics of sexual experiences and sexual orientation that this framework explains have important implications for communication policies and strategies geared towards homosexuals. If in the Ghanaian situation, more individuals are initiated to homosexual acts at stage one B and few at stage one A, then communication strategies may need to have more preventive measures put in place. And if the reverse is the case, then policies and communication strategies may need to adopt a different approach. There is evidence in the WAPCAS study, and in our study suggesting initiation of youth into same-sex-sex, but no information proportions, biological conditioning vs. social conditioning.

6. Data and Methods

This study employed both qualitative and quantitative data collection methods. It included 105 MSM and 83 lesbians sampled in Greater Accra and the Eastern Regions using snowball techniques, and 12 qualitative interviews (nine simultaneously with they surveys and three follow-up). Due to the sensitivity of the issues addressed, it was difficult initially to find homosexuals who were willing to participate in the study. For this reason, we first contacted the few homosexuals that our team of consultants knew. Also, we elicited the help of people in the general population who have gained the trust of homosexuals. From these initial contacts, our team of consultants was able to gain access into the larger homosexual community in schools, prisons, clubs, and hotels spanning greater Accra and the eastern region. The list of places visited using snowball sampling to interview homosexuals is below.

Institutions / Locations	Individual sources
Tema Secondary School-Tema	MSM from Koforidua, Accra and Tema
Aquinas Secondary School-Accra	Lesbians from polytechnics and different locations in Accra
Presby Boys Secondary School-Accra	
James Fort Prison – Accra	
James Camp Prisons - Accra	
Bostal Institute - Accra	
White Bells - Accra	
Club Felica – Tema	
Jokers – Labadi, Accra	
Makumba Night Club – Accra	
Glenns Night Club – Accra	

6.1 Preparation for fieldwork

Research team: Nine consultants were recruited to participate in this study. The distribution of the team by area of specialization and roles is below.

- 1 Research Specialist/Team Leader
- 1 Data Analyst
- 3 Research specialists
- 2 Counselors
- 1 Social Psychologist
- 1 Assistant Researcher

6.2 Training of trainers (TOT)

In order to ensure quality data collection and to desensitise research team on the topics of study and reduce as much as possible, bias towards homosexuals, a TOT workshop was held for the nine consultants. In addition, the TOT was meant to train researchers on how to elicit information from the target groups combining both qualitative and quantitative data collection techniques.

To enable the training, general information about homosexuals in South Africa, Uganda and the United States were collated from what was available on the Internet. The Social Psychologist and the two Counsellors in the team lead the TOT workshop.

6.3 Development and pre-testing of research instrument

The questionnaire used included both closed and open-ended questions. The open-ended questions were included to enable flexibility in responses to the questions and to reflect the attributes of both the qualitative and the quantitative data collection techniques necessary to obtain the best data quality under the circumstances. The final questionnaires (one for MSM and one for lesbians) were revised and approved by GAC. The questionnaires were then pre-tested among 5 MSM and 5 lesbians in Greater Accra and Eastern Regions. Drawing from the findings from the pre-tested questionnaires, further revisions were made in respect of wording, and structuring of questions.

6.4 Administration of questionnaires

Questionnaires were administered to respondents using face-to-face interviewing techniques. The eliciting of information from respondents included probing of open-ended questions where necessary. With the permission of the respondents interviews were tape recorded and reviewed later to fill in gaps and fine-tune responses to the open-ended questions. Aside consultants, trained homosexuals did the interviews in some situations where a respondent was not willing to be known by our consultants.

6.5 Limitations of study

The samples of homosexuals may not be representative of the general population of those in the study area. The homosexuals contacted initially may have led consultants to their own friends who may have similar characteristics and behavior. Also, homosexuals who were willing to talk to us may be more favorable towards HIV/AIDS information, and condom use. Also, the sequencing of questions may have influenced the kinds of responses obtained.

The qualitative components of the study did not achieve enough reflexivity and triangulation necessary to ensure theoretical representation of the issues investigated in this study. Thus, the qualitative information although in most instances corroborated survey findings, provided limited in-depth substantive insights that would have enriched the findings of the study in general.

7. Sample Characteristics

Table 1: Sample Characteristics of Respondents by Sexual Practices

		MSM	Lesbians
		(%)	(%)
<i>Age</i>			
	24 or younger	31	49
	25 – 34	58	51
	35 or more	11	-
	Total (%)	100	100
<i>Marital Status</i>			
	Single/separated	67	93
	Married	33	7
	Total (%)	100	100
<i>Level of Education</i>			
	JSS or less	24	-
	SS/tech/vocational	48	57
	Tertiary or more	28	43
	Total (%)	100	100
<i>Occupation (one)</i>			
	Unskilled	64	82
	Skilled	36	18
	Total (%)	100	100
<i>Occupation (two)</i>			
	Unemployed/student/non-response	35	55*
	Laborer/tradesmen/traders	30	27
	Technicians/businessmen/civil servant	35	18
	Total (%)	100	100
	Total (N)	105	83

Note: * = only students were in that category for lesbians

As Table 1 shows, MSM were older in age group 35 or more than lesbians, (11% vs. 0%), and more lesbians than MSM were single (93% vs. 67% respectively). Results also show that lesbians were more educated than MSM. All lesbians reported at least a senior secondary (SS), technical or vocational education compared to 76% of MSM. A higher proportion of lesbians compared to MSM reported that they had no skills (82% vs. 64%). And a considerable proportion of the unskilled lesbians were students (55%) while MSM were fairly evenly distributed amongst unemployed, students, and none response (35%), laborers, tradesmen, and traders (30%), and technicians, businessmen, and civil servants (35%).

8. Quantitative Study: Key Findings

8.1 Exposure to information

Figure 2: Percentages of homosexuals according to sources of news about what goes on in the country

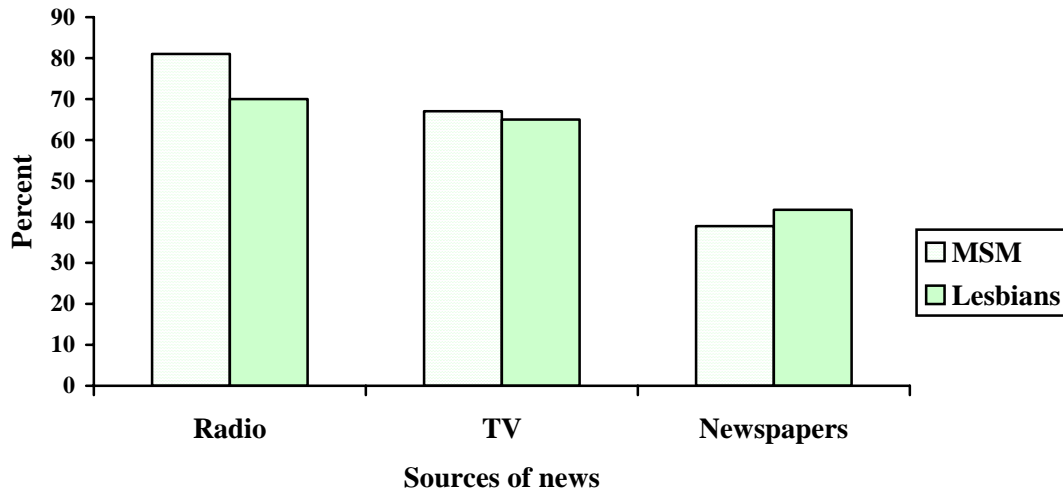
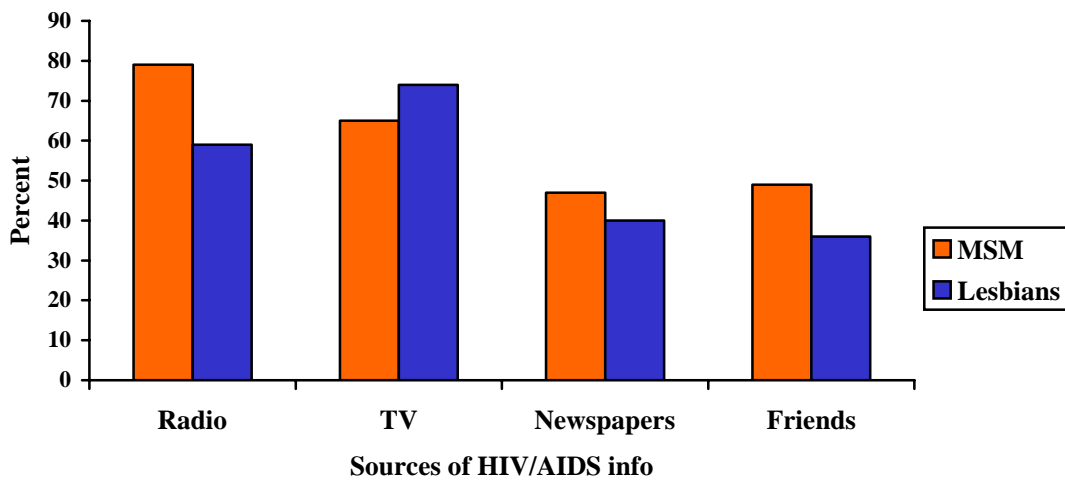


Figure 3: Percentages of homosexuals according to sources of information about HIV/AIDS



In order to design comprehensive communication strategies for homosexuals, this study asked series of questions on exposure to general and specific information on channels of communications. As Figure 2 above shows, the radio is the number one source of information for homosexuals (MSM = 81%, and lesbians = 70%), followed by TV (MSM = 67%, lesbians = 65%), and newspapers comes third with much lower percentages. In terms of the most important source of information on HIV/AIDS (Figure 3), for MSM is radio (79%), and for lesbians is TV (74%), and the newspapers and friends are fairly common sources.

Figure 4: Percentages of homosexuals by age group, and according to most favorite TV program

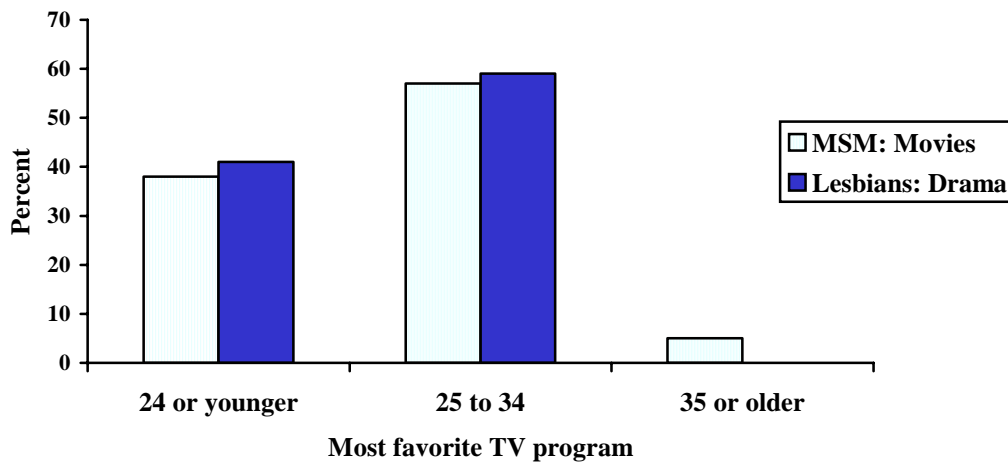
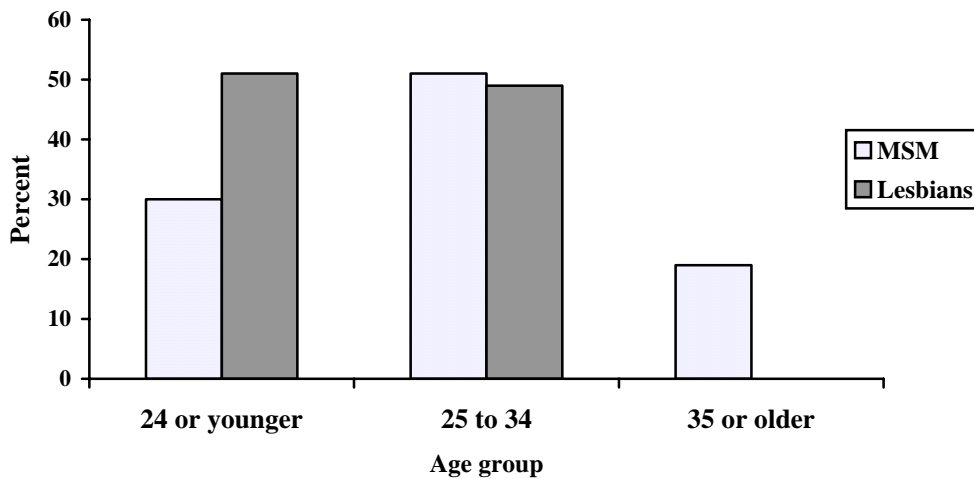


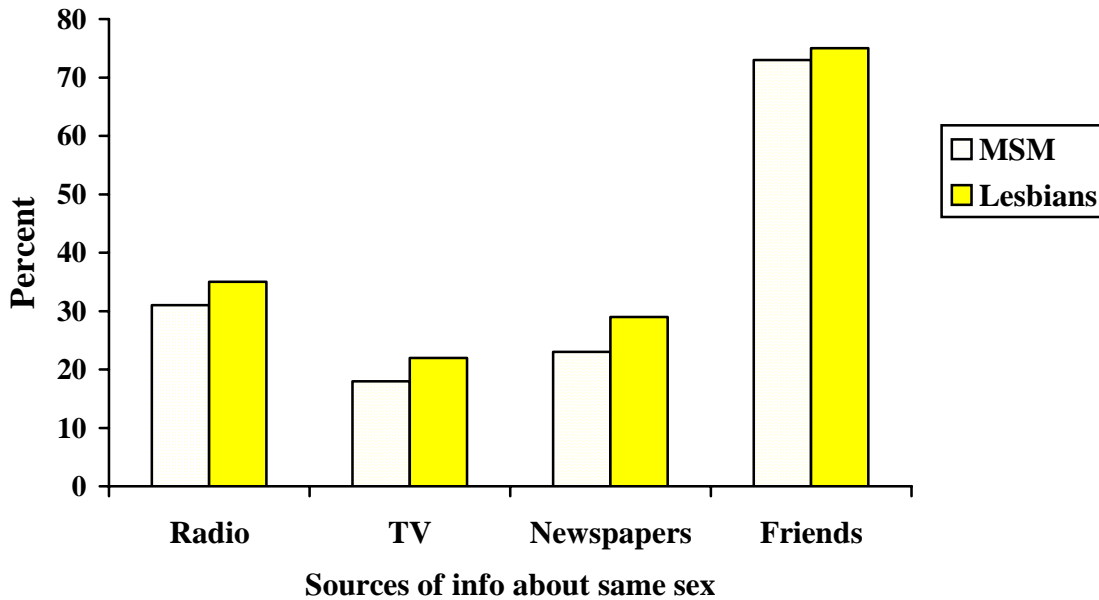
Figure 5: Percentages of homosexuals by age group, and by the most favorite radio program (talk show)



Results in Figure 4 shows that the majority of MSM like to watch movies on TV (62%), while most lesbians like to watch drama (65%). A breakdown by age groups shows that most of MSM who like to watch movies are in age group 25 to 34 (57%), and most lesbians who favor drama are also in the same age group (59%). Although responses are low, talk show top the list on what MSM and lesbians like listening to on radio, followed by music (MSM = 34%, lesbian =16%). And a breakdown by age group shows that most MSM who responded are from age group 25 to 34 (51%), and lesbians are almost evenly split among 24 or younger (51%), and 25 to 34 (49%).

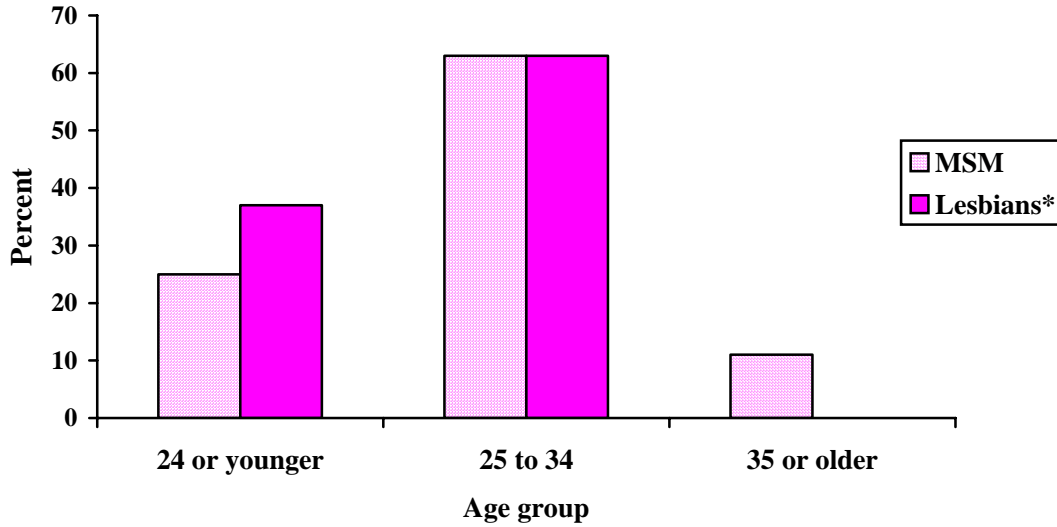
8.2 Exposure to information about same-sex sexual practices

Figure 6: Percentages of homosexuals according to sources of information about same sex sexual practices



A crucial information necessary to design effective communication strategies for homosexuals is where they usually get information about same sex sexual practices. As shown in Figure 6, by far the largest proportion of homosexuals get information about same sex sexual practices from friends (MSM = 73%, and lesbians = 76%). An examination of these percents across age groups (Figure 7) clearly shows that for both MSM and lesbians the majority of those who responded are from the middle age group 25 to 34 (63%).

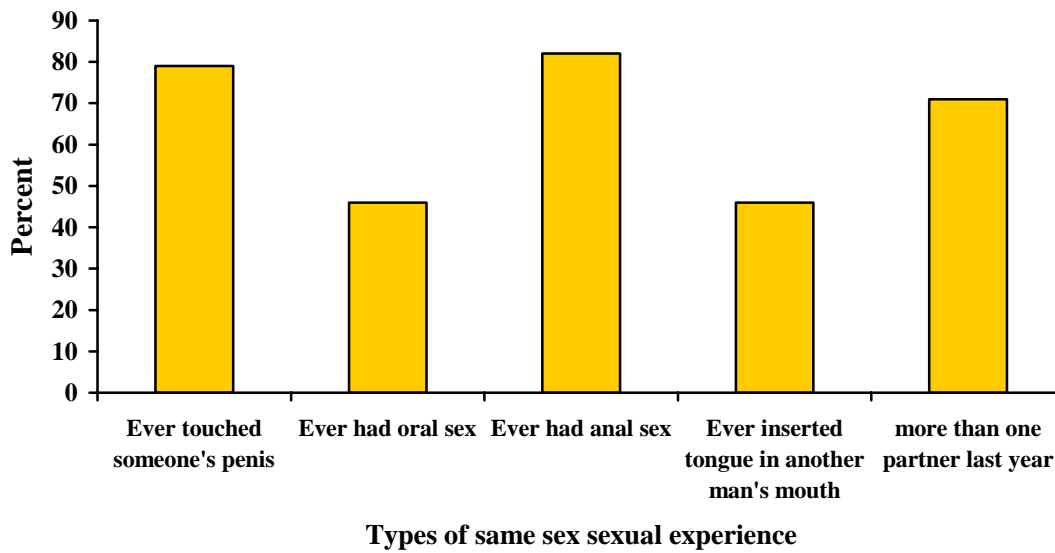
Figure 7: Percentages of homosexuals who obtained information about same sex sexual practices from friends by age group



8.3 Same-sex sexual experiences

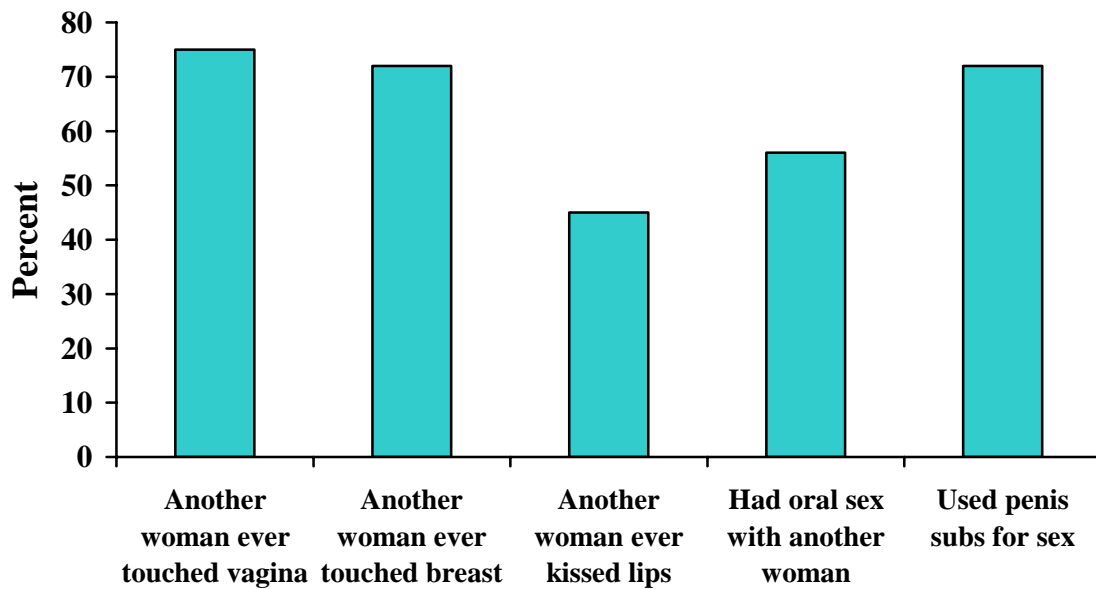
An informative aspect of this study is the sexual experience of homosexuals. These are insightful for evaluating risk of contracting HIV and other STIs among them.

Figure 8: Percentages of MSM according to types of same sex sexual experience



Results in Figure 8 show that most MSM in the study have touched someone’s penis (79%), had anal sex (82%), and had more than one sexual partner in the last year (71%). And less than 50% have ever had oral sex and have ever kissed another man. The majority of lesbians have had various same-sex sexual experiences (Figure 9). Seventy-five percent have experienced vagina touching (75%), have experienced breast touching (72%), and have used penis substitutes for sexual activity (72%). And some of them have kissed another woman, and had oral sex with another woman.

Figure 9: Percentages of Lesbians according to types of same-sex sexual experience



8.4 Knowledge about HIV/AIDS

Figure 10: Percentages of homosexuals according to knowledge about ways of contracting HIV/AIDS

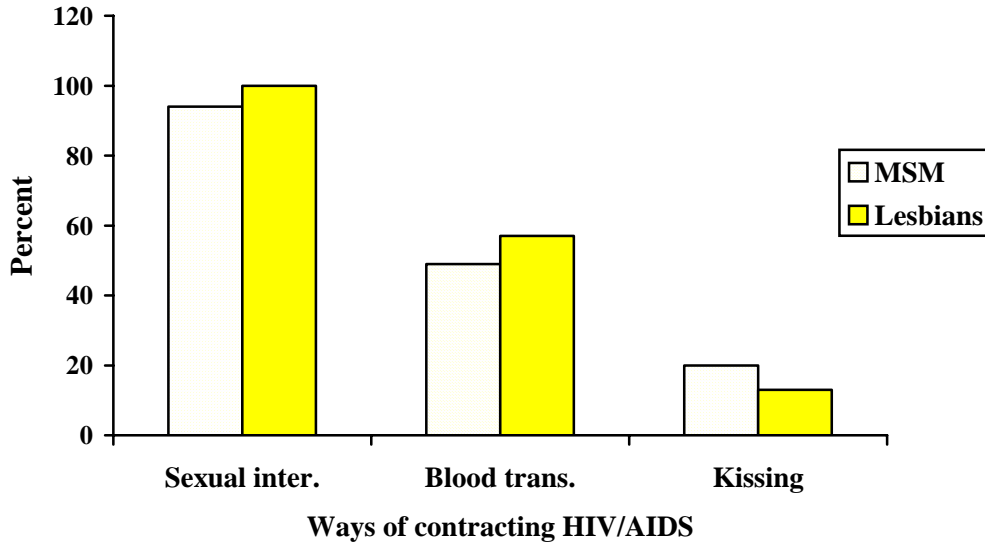
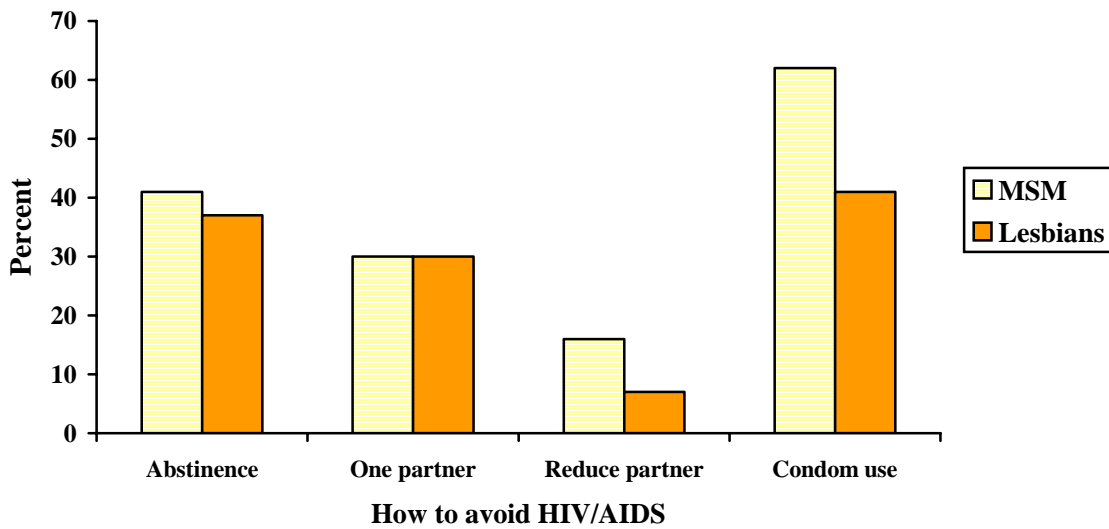


Figure 11: Percentages of homosexuals according to knowledge about how to avoid HIV/AIDS

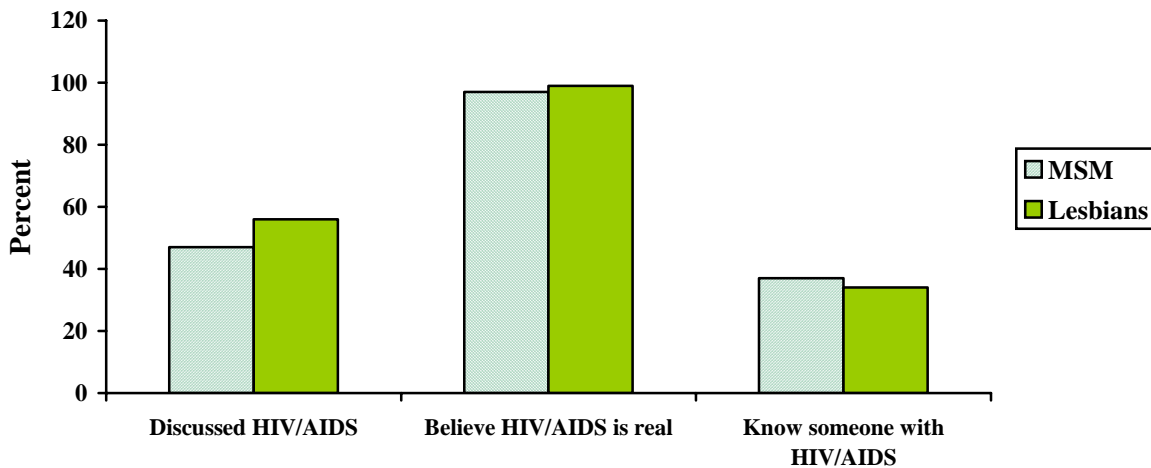


Knowledge is an important factor in making informed decision especially with respect to protecting oneself against HIV/AIDS and other STIs. We investigated knowledge about HIV/AIDS from two dimensions. First, we asked respondents to tell us how someone can contract HIV/AIDS, and second, we asked them to mention ways of avoiding the disease. Results in Figure 10 show that most homosexuals know that HIV/AIDS can be contracted through sexual intercourse (MSM = 94%, Lesbians = 100%), but lower percentages of them know that the disease can be contracted through blood transfusion (MSM = 49%, and lesbian = 57%). On how to prevent the disease (Figure 11), the highest responses were on condom use (MSM = 62%, lesbians = 41%). Response on abstinence, one partner, and reduction in partner, were less than 45%. These results suggest gaps in knowledge about HIV/AIDS that should be addressed by program intervention focusing on increasing knowledge of homosexuals on all aspects.

8.5 Risk perception and discussion about HIV/AIDS

The gap in knowledge about HIV/AIDS among homosexuals is reflected in the results on discussion about the disease (Figure 12). About half of homosexuals have ever discussed it (MSM = 47%, and lesbians = 56%). But almost all of them believe that HIV/AIDS is real (MSM = 97%, and lesbians = 99%), and fewer percentages know someone with HIV/AIDS. These results combined with the ones on knowledge gaps bring to question the strength of their perceived risk. The WAPCAS study may have provided explanations to aspects of the questions raised on risk perception. The study found that MSM did not believe that HIV/AIDS can be contracted through anal sex (8).

Figure 12: Percentages of homosexuals according to discussion, believe and knowledge about someone with HIV/AIDS



8.6 Self-efficacy and condom use

Figure 13: Percentages of homosexuals who would insist on condom use, and use last sex with non-regular partner

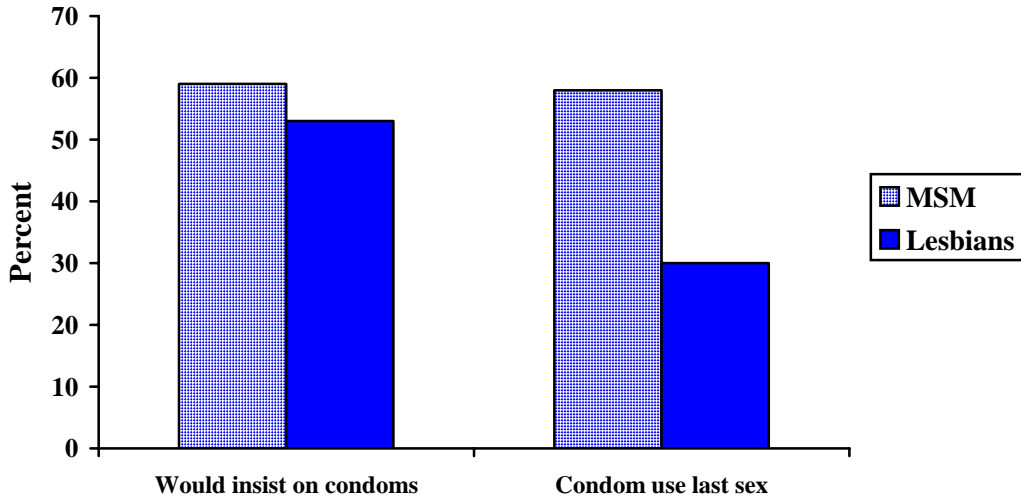
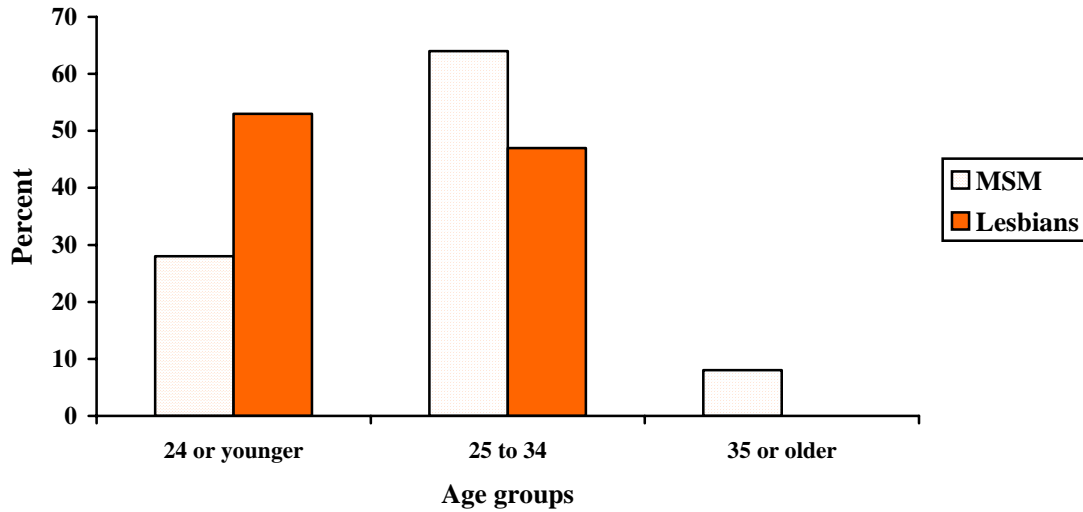


Figure 14: Percentages of homosexuals who would use condoms for protection against HIV/AIDS by age groups

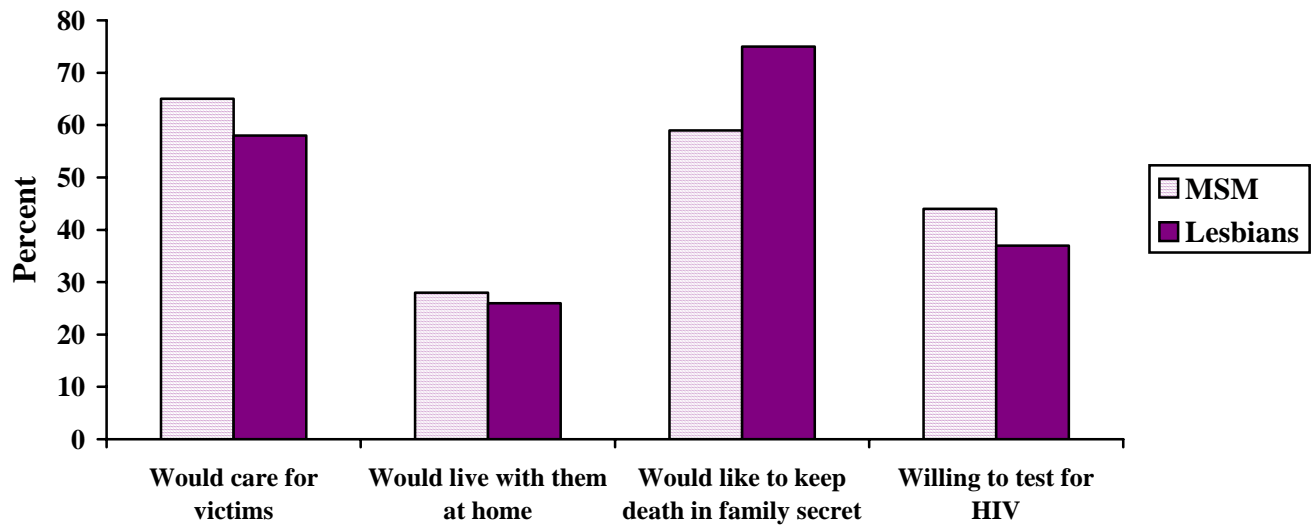


In this study self-efficacy is defined as the willingness and ability to protect oneself against HIV/AIDS and other STIs. Clearly, the results in Figure 13 do not show high self-

efficacy among homosexuals. Only 59% of MSM and 53% of lesbians reported that they would insist on condom use. And on actual use of condoms, only 58% of MSM and only 30% of lesbians reported use in last sex with non-regular partner (Figure 14). One would have expected a high self-efficacy and use of condoms considering that almost all homosexuals reported that HIV/AIDS is real (a measure of risk). These results cast doubts on the risk perception of homosexuals (8).

8.7 Attitudes towards HIV/AIDS victims and testing

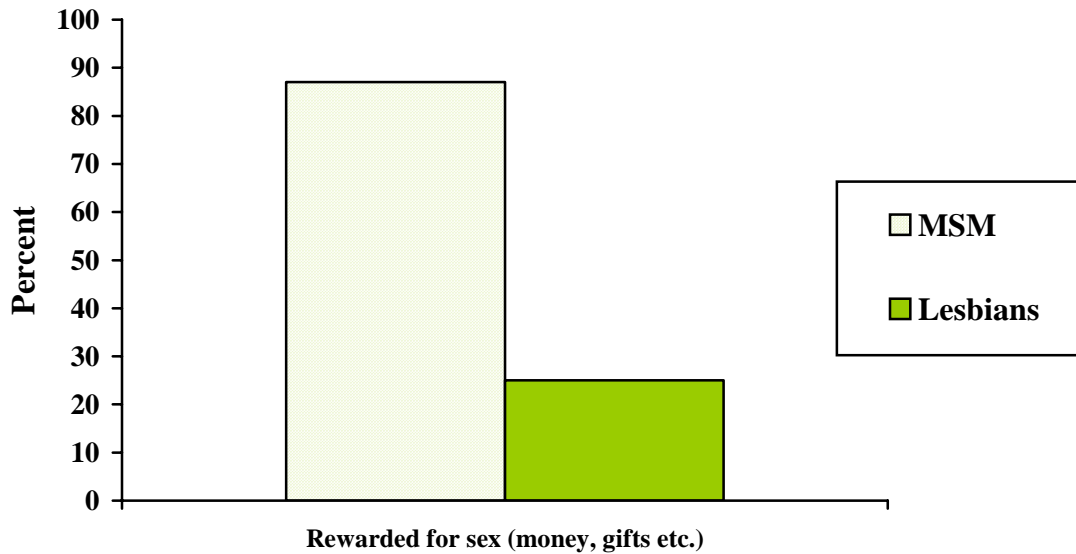
Figure 15: Percentages of homosexuals according to some indicators of attitudes towards HIV/AIDS victims and willingness to go for test



Results on attitudes of homosexuals towards HIV/AIDS victims are mixed (Figure 14). While the majority would care for HIV/AIDS victims (MSM = 65%, lesbians = 58%), the majority would also like to keep the death of a family from the disease secret (MSM = 59%, lesbians = 75%). Smaller proportions are willing to go for test (MSM = 44%, lesbians = 37%). And only a few would live with a victim at home. There seems to be a myth about the disease that needs to be explained to homosexuals and perhaps, to the general public as well.

8.8 Reward for same-sex sexual experience

Figure 16: Percentages of homosexuals who gave or received reward for sexual experience



The results of this study on rewards for same-sex-sex tend to confirm the theory that many homosexuals (especially MSM) may be involved for the economic reason (8). According to Figure 16, the majority of MSM (87%) gives and receives rewards in the form of money, food, and other gifts in exchange for sexual experience. But only a few lesbians (25%) reported the same.

9. Qualitative Study: Key Findings

Qualitative study was conducted during survey data collection, and follow-up at analysis stage to fill in gaps in the survey findings. Four interviews were conducted in the Eastern Region, and 8 in Greater Accra (including 3 follow-up). Most of the findings in this section provide new insights to our study. The results should however, be considered against the constraints that our data was not collected with enough reflexivity or triangulation necessary to enrich our findings.

9.1 Characteristics of informants

MSM:

- A striking characteristic of most of the MSM that we interviewed was that they got involved with homosexual acts at a young age, while in school or while still in the guidance of a parent or an adult. One of our informants was introduced at age 9.
- They meet at various locations such as schools, hotels, clubs, Internet cafés, public places, parks, and at ceremonies (e.g. burial ceremonies) (8). Something peculiar about these meeting places is that they are not exclusively for MSM. In fact, most are public places where MSM can easily blend unnoticed in the crowd.
- They usually have more than one partner who may be local in their environment or some distance away or may be from another country. Some MSM reported having sexual encounters with Asians, Americans and Europeans. This information corroborates our survey findings, and suggests a broad network of sexual partners, an indication of the level of risks of contracting HIV/AIDS and other STIs.
- Some of our key informants had basic education and were either not employed or seasonally employed or were not happy with the formal work that they were engaged in.
- A striking difference between the characteristics of the MSM that we interviewed and those of other contexts (especially in developed countries) is that they do not use other stimulants (like drugs or cocaine) except alcohol and cigarette.
- In order to communicate effectively, even at public places, MSM use common words and concepts such as: “king,” (usually for macho behavior, plays the dominant role), “queen,” (usually for feminine behavior, plays the passive role), “kwanina” (white potential customer). Others are “kluchi” (black potential customer,)” front-line men (MSM who actively look for potential partners at meeting places), “cash and carry” (MSM who are both king and queen). Other common words and concepts are: “saso,” “bantu,” “ogoshila,” “ogoshilada,” “kodjo,” “bese,” “hustling field,” “magia,” and “alhaja.” Further studies of these words and concepts using phenomenological

approach will enable us to get deeper insight into the sexual lives of homosexuals and ways to meet their needs.

Lesbians

- Most lesbians got involved at a much older age than MSM. Lesbians reported getting involved while in their teens at school or out of school.
- With respect to where they meet, most lesbians are conservative than MSM. Lesbians reported meeting mostly at a home setting (closed doors) usually in an older woman's place.
- The information obtained from lesbians seems to suggest that they do not have broad network of partners as MSM. They usually meet with other girls and women in their neighborhoods.
- In general, just like MSM, lesbians use only alcohol and cigarettes as stimulants when necessary.
- From the information that we obtained, it does not seem that lesbians use many words and concepts during communication. This may be because they do not really need these since they meet at secluded locations. Some of the words that they used are "king," (similar in meaning to that of MSM), "queen," (also same as MSM meaning), "supi," and "lesbo," (meaning same sex partner). Further research may be need in this area, perhaps we were limited by the few lesbians that we interviewed.

9.2 Mechanisms of initiation

MSM

- Results suggest that the mechanisms of recruiting vary depending on the meeting place. But the two main mechanisms are, (1) older men going to schools to pay for sex (e.g. JS/SS schools), and (2) MSM talking to their friends to have this kind of experiences. Some of our MSM key informants reported been forced by their friends or relations to experience homosexual acts. There were instances where young men willingly request to be initiated sometimes out of curiosity or the desire to experiment what they have heard (8).
- An important aspect of initiation is training to be a king or a queen depending on the physical attributes of the potential recruit. Training involves playing the role of a female or male gender, playing dominant or passive role during sexual acts, and for those who prostitute, negotiating skills for financial rewards.

Lesbians

- From the information that we gathered, it seems that recruiting is more subtle and gradual among lesbians than among MSM. Lesbians generally recruit potential lesbians (usually friends) by inviting them to a meeting place where the subject is introduced or by cultivating friendship through giving of gifts and other rewards to show likeness and interest. And sometimes, women ask known lesbians to introduce them probably out of curiosity or the desire to experiment.
- Training is an important part of the initiation process. This involves how to play the role of a king or queen (dominant or passive, or both), how to get each other aroused, and have sexual intercourse sometimes with the aid of objects like banana, vibrator, or fingers.

9.3 Sexual attractions

MSM

Our interviews with MSM key informants provided interesting findings on how they are able to identify and attract potential sexual partners without attracting the attention of people of heterosexual orientation. This is where the skills that they acquire during the initiation and training process become relevant. Those who have been trained to assume or who like to play the king (dominant role) in a sexual relationship/encounter tend to attract feminine looking males (queen to be), while those who have been trained to assume the queen (passive role), in general tend to attract macho looking males.

Some MSM play the role of both the king and the queen “cash and carry,” especially during the recruiting of new MSM. In general, some of the features that the MSM in our study find sexy and attractive are style of dressing (whether smart looking, wear chains, bracelets etc.), style of eating, style of working, white teeth and dimples, and shape (powerful, muscles, or feminine). These findings corroborate that of the WAPCAS study (8).

This statement from a MSM key informant captures both the attractions and the mechanisms of initiation (some times by coercion) described above:

“I was tempted by a boy who said I looked like a girl and that he wanted to make love to me. He held my penis and I said I wouldn’t do it. He forced me and used some lubricant. I was 19 years old and I was in school....”

Lesbians

Lesbians have similar ways of attracting potential sexual partner based on the role that they assume. One of our key informant who like to be the queen said she is usually attracted to women who walk and talk like men. In general, the lesbians in our study are attracted to beauty, shape, and big breast).

The following from one of our key lesbian informant summarizes attractive features, and the mechanisms of initiation and training of some lesbians:

“A girl will see a fellow girl and gets attracted to her and say- this girl is good- meaning she is beautiful and attractive and may try to send her gifts, money, and letters so that she agrees with her. The girls, when they are bathing together, they fondle each other, fondling the breast and from then on they have the interest of bathing together.”

9.4 First sexual experiences

MSM and Lesbians

Our findings on first sexual experiences are perhaps, indicative of the larger body of evidence that is yet unexplored on how early sexual experiences can have long lasting impressions on the sexual orientation of the individual. Some of our key informants both MSM and lesbians alluded to the fact that they are attuned to same-sex-sex partly because they started at early age and just continued with it. Some who started same-sex-sex at early age had difficulty enjoying sexual intercourse with the opposite sex. Clearly, more research is needed in this area in order to understand more about the sexual life of homosexuals.

This response from a key MSM informant substantiates this point:

“I was 12 years old then. I used to live with my mother until she unfortunately died from diabetes. I had to live with my aunt and had to sleep with my cousin. One night as we slept, he started fondling me and touched my penis. I had an erection and he massaged it all night. The next night, he tried it again, lubricated his penis and inserted in into my anus. Since that time, I have only had feelings for men. I am 32 years now and have never touched a woman. I prefer the way I am wish I can marry my partner.”

9.5 Risk perception about HIV/AIDS and condom use

MSM

The general impression from our MSM key informants is that they are aware of HIV/AIDS and are afraid of dying from it. Some of them know someone who died from the disease but is not clear from our results whether they have correct perception about their own risk of contracting the disease. Information from our key informants suggests that condom use depend on the individual, who their partner is, and the location of sex. While some (especially those who engage in prostitution) claim to use condoms with their clients, for others sex is usually not planned and as such appropriate preventive measures such as condoms or lubricants are far fetched (the WAPCAS study provided insights on misinformation about anal sex) (8).

The three statements below are insightful:

“When you are erect and force the penis into the anus it hurts. In the school we don’t carry condoms and lubricants, one just gets attracted and does it there and then without condoms.”

“I have had encounters with white people [prostitute]. I insisted on using condoms due to HIV, and they are even afraid of me, so they prefer the condoms.”

“I am proud of condoms.”

Lesbians

In general the lesbians in our study do not think that condom is useful to them although some claimed to have used it for a different kind of protection.

The statement below is suggestive of the kind of protection:

“Some use objects like bananas and vibrators. They use the condom to cover the banana so that when the banana breaks they can just pull the condom.”

9.6 Reasons for getting involved

MSM

Our key informants mentioned two main reasons why they got involved—money, and pleasure. Financial rewards for those who sell sex range from 100,000 to 300,000 cedis per round. The financial benefits may be more tempting to individuals from poor homes, and for teenagers in schools. Financial reasons may be most common among the majority of homosexual community in the country. In this case, then the social conditions in our framework may be playing a major role in influencing same-sex-sex in the country, and preventive programs may be considered as part of the overall policy on homosexuals.

Here are the statements from some MSM:

Economic reasons:

“Some people are not born homosexuals. They are either raped or forced into it. Sometimes one is lured with dollars. Some big men are involved in the trade and they offer 200,000 cedis for 3 minutes.”

“I am jobless with no one to care for me. I sometimes go to town to solicit for clients. They pay 100,000 cedis for each round.”

For pleasure:

“I have many friends, but there is one that I like very much. I mean we do it almost everyday and he doesn’t have to pay me. I enjoy being with him.”

Lesbians

Although our key informants mentioned financial benefits as one of the reasons why they get involved, it did not seem to be the main reason. Other reasons provided are, men are generally bad, they cannot be trusted, and they are not caring. The lesbians in our study reported that women make lover better than men.

9.7 Health needs and access to services

MSM

Our key informants reported many health problems some of which they tried to cure by self-medication, usually by adopting a local medication such as herbs commonly used for other ailment. In some instances they adopt known western medicine that used to cure similar ailment. Some of the common health problems mentioned are pains in the rectum, rectal discharge/mucus, diarrhea, and sores on the penis.

Here are the words of one of our key informants confirming rectal discharge:

“No, the only problem is that it is painful the first time, and after sometime you have to put pad at your back [anus] if not your trousers will get wet all the time.”

Lesbians

They did not report health problems except concern for STI by a few.

9.8 Future plans and aspirations

MSM and Lesbians

Most of the homosexuals in our study would not like to continue with this lifestyle in the future. Some of them would like to go back to school and get the skills necessary to enable them find a job and become financially independent. Another reason why they would like to stop the behavior is guilt, which may be rooted in religion and disapproval from society. Their future plans included getting married to someone of the opposite sex, and having children of their own.

Here are some statements from MSM and lesbians on their thoughts about the life style:

MSM: “I am a king and queen. I both receive and give. I have realized that those things are bad so I have stopped. I pray to God for forgiveness so I don’t engage in this kind of activity anymore.”

MSM: "I have penis, and I should give it to the girl."

Lesbian: If God permits, I will stop."

10. Conclusions and Recommendations

This study was conducted to provide preliminary information on homosexual activity in Ghana and thus, guide communication strategies to ensure that they have adequate information to protect themselves against HIV/AIDS and STIs. Also, to provide information that will enable programs to meet their specific health and psychological needs. The conclusions and recommendations below should be considered within the limitations of this study expressed above.

Results show that radio and TV are the two most common sources of information for homosexuals. With respect to information about HIV/AIDS, radio is the most common source for MSM, while TV is the most common for Lesbians. Communication strategy that targets homosexuals with general HIV/AIDS information (not specific on homosexuals) during talk shows on radio, and during drama and movies on TV is likely to be more effective in reaching a wider spectrum of homosexuals, and benefits the general population as well.

Although the most important sources of information about HIV/AIDS for homosexuals are the radio and TV, results (from both the qualitative and quantitative studies) show that friends are the single most important source of information about same sex sexual practices. In fact, qualitative findings show that homosexuals initiate and training their friends in the sexual acts. For communication strategy to be effective, it must include interpersonal communication i.e. peer outreach (8). This should include information specifically targeting homosexuals in the form of brochures and pamphlets that they can refer to from time to time and share with friends.

Three component formula for communication strategy:

Communication strategy = radio talk show + TV drama (movies) +
interpersonal communication (Peer outreach)

Interpersonal communication in the equation has double edge sword, while serving as a channel of correct information, it can build trust and enable homosexuals to cultivate one-on-one discussion about HIV/AIDS and other STIs.

The communication strategy should include training of journalists on how to report HIV/AIDS information, and contraceptive use (especially condoms) in a less sensationalized way in order to reduce misunderstanding of the intent and motive of the information provided to the general public. This training should be an ongoing part of the communication strategy including both the electronic and print media journalists.

The majority of homosexuals are actively involved in all forms of sexual activity but do not use condoms. In order to be effective, communication strategy needs to use graphic pictures in brochures and pamphlets designed for only homosexuals. This is likely to

produce positive effects on the sexual behavior of homosexuals (as it did in other parts of the world) by increasing perceived risk of HIV/AIDS among them. In addition, communication strategy specifically targeting Lesbians should include more information about other STIs so as to increase their sensitivity and to adopt protective behavior.

Homosexuals have high level of knowledge about some modes of HIV transmission, and low knowledge about how to avoid the disease. Content of communication messages targeting them should include information on these gaps in knowledge.

Although the majority of homosexuals know that HIV/AIDS is real, only a small proportion has seen a victim of the disease. Thus, perceived risk is not effective in ensuring high level of condom use self-efficacy. In order to increase condom use among homosexuals, messages targeting them should include images and profiles of a person/s (both male and female) who may be infected by the disease. These images and profiles should if possible, depict transitions in physical features from an infected person who looks healthy to a victim at an advanced stage.

Results from this study show that homosexuals need more sensitization on the nature of HIV/AIDS and how those affected by the disease should be supported. Messages targeting homosexuals should focus on demystifying the disease. Because more favorable attitudes towards victims is likely to increase the proportion of homosexuals willing to test for the disease, and consequently, treatment and reduction in the spread of it.

Results especially those from qualitative studies show that health professionals do not meet the health needs of MSM. Most MSM usually resort to self-medication when they have problems. Programs on homosexuals should include desensitization activity about same-sex-sex for selected health professionals (either private or public) who should then provide health services to homosexuals in a friendly and respectful manner.

Findings from both qualitative and quantitative studies show that many homosexuals were initiated at a young age mainly for the economic benefits. At young ages, most youth are unable to make independent and informed decision on whether or not to participate in same-sex-sex. Our theoretical framework explains how early introduction to same-sex-sex can lead to psycho social attuning to this activity and life style in adult life. Anecdotal evidence suggesting increase in this activity may lead to the social conditioning (rather than biological) at early age. Programs targeting youth should be on two fronts:

1. Youth who are not initiated should be provided with information on the health risks involved, along with career guidance and counseling to enable them attain their potentials.
2. For those who are already initiated, career guidance and counseling, and skill development should be core of program activity for them.

Programs for the two groups should be integrated with funding sources for schooling and jobs training for those out of school since most vulnerable youth are from poor families. An integrated program incorporating key aspects of youth developmental needs may empower them and perhaps, reduce the number being initiated, and encourage those who are already involved to review their situation whether or not to stop the behavior once they are no longer compelled by economic benefits.

Further research is needed to understand more about the sexual life styles of homosexuals especially what makes people want to be initiated, how they are initiated and trained. Also, research should examine the sequence of early sexual experiences, and the environmental conditions that make people who are not biologically attuned to this life style become vulnerable. A study examining these areas may provide useful information that will enable programs protecting youth and other vulnerable groups from experiencing homosexual acts until they are old enough to make up their own mind. Further research should be more rigorous in obtaining information that represent opinions and views of a wider spectrum of homosexuals in Ghana, including all regions.

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